



City of Torrance
Community Services Department

3031 Torrance Boulevard, Torrance, CA 90503 (310) 618-2720

"Enriching the Community through People, Programs and Partnerships"

P.A.C.E. CRITERIA

Providing Assistance for Citizen Enrichment

Financial assistance may be available to Torrance residents for youth programs, on the basis of available funds. Please allow three (3) business days for approval. Funds will be available on a seasonal basis and will expire at the end of each registration season. Participants MUST apply quarterly.

The amount of the assistance will not exceed \$600 per family per year. The United States Department of Housing and Urban Development standards are used in defining income levels. Assistance will be considered for families which meet the income criteria listed below (effective January 2005):

FAMILY MEMBERS	ANNUAL FAMILY INCOME (NOT TO EXCEED)
2	\$26,200
3	\$29,500
4	\$32,750
5	\$35,350
6	\$38,000
7	\$40,600
8	\$43,250

APPLICATION PROCESS

- 1) Parent/Guardian must complete a Financial Assistance Application (please see reverse side). Applicants must re-apply each seasonal registration period.
- 2) Once each year, applicant must establish annual income by providing documentation such as your last tax return, your last two pay stubs, or current federal assistance income documentation.
- 3) Once each year, applicant must establish residency by providing proof such as driver's license or a current utility bill. (Phone bills are not accepted.)
- 4) You will be advised within three (3) business days by phone if your application is approved or denied.

FINANCIAL ASSISTANCE APPLICATION
(This is Confidential)

Parent/Guardian's Name _____
Last First Middle

Address City Zip Home # Work #

List all Family Members	Birthdate (if under 18)	School

INCOME RESOURCES OF FAMILY: Report total income for each item below and attach proof of income for each source:

Source	Monthly Income / Annual Income
a. Money, Wages or Salary	_____
b. Social Security Income	_____
c. Public Assistance/Welfare	_____
d. Unemployment or Disability	_____
e. Child Support /Alimony	_____

GROSS FAMILY INCOME _____

Youth class(es) and/or program(s) you intend to use scholarship funds for at this time:

Amount of Scholarship Requested for this season: \$_____

I affirm to the best of my knowledge and belief that the above statements are true.

Signature Relationship to Child Date

(FOR OFFICE USE ONLY)

I hereby certify that the above family is eligible for the scholarship program at the rate of

_____ Summer Season _____ Winter Season

_____ Fall Season _____ Spring Season

FISCAL YEAR _____ Notified (Name, date & time) _____

Expires 30 days from approval date.

Supervisor Signature _____ Date _____